U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8074	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Theresa C Messer	Name National Basketball Players Association			
	Labor Organization File Number 068-015			
P.O. Box, Bldg., Room No., if any 2430	P.O. Box, Building and Room Number, if any 2430			
Street Two Penn Plaza	Street Two Penn Plaza			
City New York	City New York			
State New York ZIP Code + 4 10121	State New York ZIP Code + 4 10121			
5. Position in labor organization.  Director of Finance				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	A source			
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Sign	ature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true) correct, and complete. (See the section on penalties in the instructions.)				
Signed Music Latter	On 8/11/2005 212-655-0880			
	Date Telephone Number			

Name of Person Filing Theresa Messer	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank of New York  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 11-15 Union Square  City New York  State New York  ZIP Code + 4 10003  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	9. Business deals with:  A. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.  Banking Relationship			
Principal control of the control of	11.b. Approximate dollar value of such dealing.	\$1,000		
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	a. Holiday Gift - \$275.48 b. Lunch - \$75			
	12.b. Amount.	\$350		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	and the entire progress and a the theory are a source on the theory and the control of the contr		
(including trade name, if any).	Lunch			
Name Lehman Brothers				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		1000		
Street 399 Park Avenue				
City New York				
State New York ZIP Code + 4 10022				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$50		

Name of Person Filing Theresa Messer	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Carver Federal Savings Bank	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 75 W 125th Street	c. Employer	
City New York		
State New York ZIP Code + 4 10027		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Banking Relationship	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		The state of the s
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$500
	12.a. Nature of interest held or income received.	
	Concert Tickets and Dinner	
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	A standard man from any selected of the order and man from any media and order and a color of the color of th	THE PARTY OF THE PROPERTY OF THE PARTY OF TH
	12.b. Amount.	\$250

Name of Person Filing Theresa Me	sser	File Number <b>U-</b>

8. Name and address of Business	(including trade name, if any).	9. Business deals with:	
Name Total Insurance Br Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street 5 Hillandale Avenu City Stamford State Connecticut		a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust	t or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City		Property/Casualty Insurance Agent	
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$3,669
		12.a. Nature of interest held or income received.	
		Lunch	
		12.b. Amount.	\$50

Name of Person Filing Theresa M	desser	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Calibre CPA Group PLLC	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any 1050	b. Trust	
Street 1850 K. Street, NW	c, Employer	
City Washington		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Outside Public Accounting Firm	
Trade Name, if any:	The second secon	,
P.O. Box, Bldg., Room No., if any		
Street		A sum washed as a second as a
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$50,000
	12.a. Nature of interest held or income received.	er generation and graphimate and a sign and a sign was a sension at a some management and a more sing.
	a. Lunch - \$39 b. Lunch - \$55	
		1 species ( )
		Atomic Reservoir
		WILLIAM AND
	12.b. Amount.	\$94

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8. Name and address of Busines	s (including trade name, if any).	9. Business deals with:	
Name Fitzmaurice Compa	mies,Inc.	a. Labor Organization	
Trade Name, if any:		a. Labor Organization	
American and an annual and	gerlands des gelden vertigen von dem det der den den de	b. Trust	
P.O. Box, Bldg., Room No., if any	/ 21st Floor		
Street 11 Penn Plaza		c. Employer	
City New York			
State New York	ZIP Code + 4 10001		
10. If 9.b. or 9.c. is checked give tru	ist or employer's name.	11.a. Nature of such dealing.	
Name		Medical/Dental Insurance Broker	
Trade Name, if any:	entantinos y monte internet — en sque generales (en ex en equi man senor — i s guar con en en en go, en signico		
Trade Name, It any.	the continues of the comment of the continues of the cont		
P.O. Box, Bldg., Room No., if any	A mining to the state of the st		
Street	and the second s		
City	properties of the upon section to specify our periodic section and the section of		
City Commence of the Commence			<u> </u>
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$2,500
		12.a. Nature of interest held or income received.	
		Lunch - \$50	
			Topics to
		12.b. Amount.	\$50

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8. Name and address of Business (i	including trade name, if any).	9. Business deals with:	
Name BDO Seidman, LLP		a. Labor Organization	
Trade Name, if any:		16.33	
P.O. Box, Bldg., Room No., if any		b. Trust  c. Employer	
Street 330 Madison Avenue			
City New York			
State New York	ZIP Code + 4 [10017]		
10. If 9.b. or 9.c. is checked give trust of	or employer's name.	11.a. Nature of such dealing.	
Name		Outside Forensic Accountant for NBPA	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			TO THE CONTROL OF THE
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$128,000
		12.a. Nature of interest held or income received.	
		Dinner - \$500	
			THE PROPERTY OF THE PROPERTY O
		The Control of the Co	
			a kirindar qa daniyar, akiqadar yi imindaniqari oʻriyi qar yiri daqadar) irilgiin ji adaqadaniqi isadani imbiriyi yayi
		12.b. Amount.	\$500

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8. Name and address of Busin	ess (including trade name, if any).	9. Business deals with:	
Name Quantum/Gabelli	, L. P.	a. Labor Organization	
Trade Name, if any:		Street 2	
P.O. Box, Bldg., Room No., if a	any	b. Trust	
Street One Corporate Co	enter	c. Employer	
City Rye			
State New York	ZIP Code + 4 10580		
10. If 9.b. or 9.c. is checked give	trust or employer's name.	11.a. Nature of such dealing.	
Name	F. F	Investment Manager	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if a			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$130,000
		12.a. Nature of interest held or income received.	
		Lunch - \$75	
			hadadayaan ah taaba i ah darah
		12.b. Amount.	\$75

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C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Mitchell Titus, LLP	Lunch
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any 27th Floor	The state of the s
Street One Battery Park Plaza	And a second sec
City New York	
State New York ZIP Code + 4 10004	The state of the s
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$50
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name	PARAMETER AND
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	Province Control of the Control of t
State ZIP Code + 4	All b Assembled Services
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	· ·
City	
State ZIP Code + 4	44b Amount of accept
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Form LM-30 (2003)

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Name of Person Filing Theresa Messer	File Number U-

8. Name and address of Business (including trade name, if any).  Name Blitman & King  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 1100  Street 500 South Salina Street  City Syracuse	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
State New York ZIP Code + 4 13202	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name NBA Players Staff 401K Plan  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street Two Penn Plaza  City New York	Legal Counsel
State New York ZIP Code + 4 10121	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Lunch - \$50
	12.b. Amount. \$50

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ING  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 603  Street 440 South Warren Street  City Syracuse  State New York  ZIP Code + 4 13202	a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	· · · ·
Name NBA Players Staff 401K Plan  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street Two Penn Plaza  City New York	401k Plan Administrator	
State New York ZIP Code + 4 10121	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	Lunch	
	12.b. Amount.	\$50